

SENT VIA EMAIL OR FAX ON
June/4/2012

Pure Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/31/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Knee Scope/ACL Reconstruction Hardware removal/BMAC; Medial and Lateral Meniscus Repair; Assistant Surgeon

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

10/28/11 – CLINICAL NOTE –, MD

10/28/11 – RADIOGRAPHS LEFT KNEE

11/04/11 – CT LEFT KNEE

11/04/11 – TEXAS WORK STATUS REPORT

11/15/11 – PHYSICAL THERAPY PLAN OF CARE

11/15/11 – PHYSICAL THERAPY NOTE

11/17/11 – PHYSICAL THERAPY NOTE

11/21/11 – PHYSICAL THERAPY NOTE

11/29/11 – PHYSICAL THERAPY NOTE

12/01/11 – PHYSICAL THERAPY NOTE

12/08/11 – PHYSICAL THERAPY NOTE

12/15/11 – PHYSICAL THERAPY NOTE

12/28/11 – CLINICAL NOTE – ILLEGIBLE SIGNATURE

12/28/11 – TEXAS WORK STATUS REPORT

01/19/12 – CLINICAL NOTE – ILLEGIBLE SIGNATURE

01/19/12 – TEXAS WORK STATUS REPORT

03/22/12 – CLINICAL NOTE – DO
03/22/12 – TEXAS WORK STATUS REPORT
04/12/12 – MRI LEFT KNEE
05/01/12 – CLINICAL NOTE –
05/01/12 – TEXAS WORK STATUS REPORT
05/07/12 – UTILIZATION REVIEW DETERMINATION
05/15/12 – UTILIZATION REVIEW DETERMINATION
05/16/12 – REQUEST FOR REVIEW BY INDEPENDENT REVIEW ORGANIZATION
05/18/12 – NOTICE TO PURSUE RESOLUTIONS OF CASE ASSIGNMENT

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained an injury to the left knee on xx/xx/xx when stepping on a fence. The claimant is status post anterior cruciate ligament reconstruction in 2007. CT of the left knee performed 11/04/11 revealed evidence of prior ACL repair with tunnel extending from the distal lateral femur inferomedially to terminate in the proximal medial tibial region. There was a small area of calcification in the central graft region. There was a transverse screw that transversed the proximal tibia in an oblique horizontal direction. There was anatomic alignment of the knee joint post-operatively. The claimant completed 7 sessions of physical therapy from 11/15/11 through 12/15/11. The claimant was seen for evaluation on 01/19/12 with complaints of continued left knee pain. Physical exam revealed swelling and tenderness to palpation of the knee. Sensation was intact. The claimant was assessed with left knee sprain. The claimant was referred for orthopedic evaluation.

The claimant saw Dr. on 03/22/12 with complaints of left knee pain and instability. Physical exam revealed no swelling. Anterior drawer was positive. McMurray's was negative. There was no popping or clicking noted. Radiographs of the left knee revealed a large screw through the tibia for placement of an anterior cruciate ligament graft and hardware to hold the graft at the femur. The claimant was recommended for MRI of the left knee. MRI of the left knee performed 04/12/12 revealed small joint effusion and mild stranding Hoffa's fat space. Suprapatellar plica was thought present. There was evidence of mild anterior tibial translation with possible recurrent or high-grade ACL injury. There was a complex unstable tear of the posterior horn/body junction medial meniscus with a prominent vertically oriented component separating the middle and peripheral outer thirds of the meniscus. There was mild chondral thinning and grade 2 chondromalacia. There was trivial bursal prolapse noted.

The claimant saw Dr. on 05/01/12 with complaints of left knee pain. Physical exam revealed locking, catching, and giving way in the medial joint space. There was positive pivot and positive Lachman's with anterior drawer sign. There was some recurrent effusion noted. There was medial joint space pain and tenderness noted. McMurray's was positive. The claimant was recommended for surgical intervention, to include left knee arthroscopy with anterior cruciate ligament reconstruction, medial and lateral meniscus repair and bone marrow aspirate concentrate injection. The request for left knee scope/ACL reconstruction hardware removal/BMAC/medial and lateral meniscus repair, and assistant surgeon was denied by utilization review on 05/07/12 due to failure to objectively identify significant current conservative care as recommended for current guidelines. The request for left knee scope/ACL reconstruction hardware removal/BMAC/medial and lateral meniscus repair, and assistant surgeon was denied by utilization review on 05/15/12 due to failure to identify and support any significant current conservative care prior to surgical intervention. Additionally, the requesting provider did not cite any specific, current evidence based medicine literature to support the use of bone marrow aspirate concentrate.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

Based on the clinical documentation provided for review, the requested left knee scope/ACL reconstruction hardware removal/BMAC/medial and lateral meniscus repair with assistant

surgeon would be considered medically necessary based on current evidence based guideline recommendations. The claimant sustained an injury to the left knee and reported instability and weakness. The claimant was provided physical therapy for 7 sessions and physical exam revealed positive McMurray's, Lachman's, Pivot, and anterior drawer signs supporting an ACL disruption and meniscal tear. The MRI of the left knee revealed evidence of a possible disruption in the ACL as well as extensive meniscal tearing. As the clinical documentation provided for review meets guideline recommendations for the requested procedure, the prior denials are overturned.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)